

PEDIATRICS

UNDER THE CHARGE OF

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Vulvovaginitis in Young Children.—NATHANIEL BARNETT (*Archiv. Pediatrics*, 1913, xxx, 650) gives a report of studies in a special clinic for this class of cases. The spread of the disease is favored in hospitals where individual cases are not isolated and in schools where children use a common toilet. Crowding of children and adults in small homes of the poor also favors its spread. Out of 50 cases studied, 14 contracted the disease from the mother or sister who had a vaginal discharge, and with whom the patient slept. Chronicity and resistance to treatment are characteristic of this condition. The average duration was eight and a half months, the largest record of persistence of the disease was six years. The external appearance of the hymen may be normal but pus is usually found behind it. The cervix is deeply congested and pus exudes from the orifice. Superficial ulcerations are often seen on the cervical lips. A urethral speculum is used to explore the vagina. The complications in this series were arthritis of shoulder and wrist, chronic general peritonitis, pelvic peritonitis, and painful heel. The treatment consisted of irrigations of potassium permanganate 1 to 1000; bichloride of mercury 1 to 4000; Lugol's solution, 1 to 500; instillations of silver nitrate 0.25 per cent. and argyrol, 10 per cent. Vaccines which improved the complications, such as arthritis, had absolutely no effect on the local condition. After thoroughly testing various forms of treatment the following was adopted as the best. Daily vaginal douche of potassium permanganate solution 1 to 10,000; small daily doses of urotropin; use of the Kelly endoscope three times a week with direct application to the cervix and vaginal walls of Lugol's solution. Cases are considered cured if smears taken weekly are negative for three consecutive weeks. Out of 26 completed cases 7 were cured at the end of six months by irrigation alone. Out of 7 cases not responding to irrigations, 5 were cured in one month with the endoscope. Direct applications must be made to the deep point of infection. Cures can be obtained in a short time by treating the cervix with strong solutions. Prophylaxis is difficult. Sleeping alone, wearing a vulvar pad, individual sets of clothing, and keeping the hands away from the genitals are important points.

Radiographic Studies of the Gastro-intestinal Tract.—HENRY DWIGHT CHAFLIN (*Jour. Amer. Med. Assoc.*, 1913, lxi, 1419) reports his findings in a number of tests to determine the mobility and motility of the gastro-intestinal tract, by the rapidity with which a suspension of barium sulphate could travel from the stomach to the cecum and thence through the large intestine to the outlet of the body. The radiographs show the stomach almost free of barium within two hours after ingestion of the barium and most of the suspension in the small intestine.

In three hours and ten minutes the greater part of the barium was in the cecum, ascending colon, and hepatic flexure. In six hours the transverse colon also was filled up to the splenic flexure. In seven hours the rectum was well distended with barium and a considerable amount remained in the descending colon. In one radiograph a noticeable amount of barium is seen in the small intestine within twenty minutes of its being placed in the stomach. These tests were made on children of seven and eight months of age. Another series of cases was studied after a clyster of barium had been given to determine the form and location of the sigmoid flexure, distensibility of the colon, and patency of the ileocecal valve. The pictures were begun right after the injection. A great variability was observed in the mobility of the hepatic and splenic flexures and the transverse colon. Injected substances getting past the sigmoid flexure reach the cecum very quickly. In one case the ileocecal valve was patent. The sigmoid flexure varied remarkably in form and situation. It seems to occupy greater space than has been supposed and may be twisted and doubled up in all directions during life and may occasionally reach as high as the transverse colon. This bears out the claim of Boas and Nothnagel that it is rarely if ever possible to pass a tube through this structure.

Relapsing Pneumonia in Children.—R. R. ARMSTRONG (*Brit. Jour. Child. Dis.*, 1913, x, 444) gives the division of acute pneumonia in children into lobar pneumonia which is least common; lobular which is most common, and that condition associated with suffocative or acute capillary bronchitis with peribronchial pneumonia. Delayed resolution occurs most frequently in the lobular type. Relapsing pneumonia generally gives well-defined clinical signs and Armstrong describes 4 cases which demonstrate this. These 4 cases each lasted thirteen weeks and began with fever and cough. The original lesion in the lung cleared up in these cases in five to seven days with a drop in temperature to normal or almost normal. Then, in from one to several days, the temperature would again rise and the signs of dyspnea, etc., again appear. On examination a fresh area or lobule was found to be affected. These relapses occurred as often as eight times during the course of the disease. Usually the upper portions of the lung were secondarily affected, even the apices; new areas of consolidation appearing with each relapse. In the earlier relapses the bouts of pyrexia were prolonged and the intervals of normal temperature short. As illness progresses, however, the bouts of pyrexia are short, the fever never rises very high and fresh areas of infiltration, if present, are difficult to define. The pneumococcus was obtained in pure culture from two of the cases, the other cases were undoubtedly due also to this infection. Vaccine treatment showed no definite results. Strumous changes noted in some of these cases are possibly due to pneumonic toxins and a diagnosis of tuberculosis should not be made in long-continued pneumonias without examination and absolute proof clinically. The similarity between some children with chronic pneumonia and cretins suggests that thyroid extract may at times assist in promoting resistance to infection from pneumococci.